

## OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

3549

LOCAL REPORT NO		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0830300		ODHS USE ONLY - DO NOT MARK ABOVE			
REPORT TAKEN	<input checked="" type="checkbox"/> AT STATION <input type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED	2	CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY		COMBINED VEH/PROP LOSS	<input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150	HIT SKIP	<input type="checkbox"/> SOLVED <input checked="" type="checkbox"/> UNSOLVED		
IN COUNTY OF WARREN		IN <input checked="" type="checkbox"/> CITY		LEBANON		DATE OF CRASH	2/26/16	DAY	FRI		
CRASH OCCURRED ON		Kroger Lot		WITHIN THE INTERSECTION OF		TIME		0800			
IF NOT IN INTERSECTION		N MILES FEET W S E OF		(LIST NEAREST INTERSECTING STREET MILEPOST HOUSE NO)		CITY CODE					
LOG-1	LOG-2	LOC	JUR	FM	FLT						
A	UNIT NO. 1	NO OF OCCUPANTS	0	OPERATING	<input type="checkbox"/>	PARKED	<input checked="" type="checkbox"/>	DRIVERLESS	<input type="checkbox"/>		
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI)				ADDRESS (NO, STREET, CITY, STATE, ZIP CODE)		INSURANCE CO OR AGENT		Allstate			
PHONE NO		BIRTH DATE		AGE	SEX	SOCIAL SECURITY NO.		STATE	DRIVER'S LICENSE NO		
OWNER (IF SAME AS DRIVER, WRITE SAME)		Wendy Davis		ADDRESS		2711 St Rt 122 Franklin OH		PHONE 937-542-9956			
VEH YR	08	MAKE	Honda	MODEL	25	COLOR	Black	STYLE	OH		
LICENSE PLATE NO		GLN4545		TOWING SERVICE		VEH PED DIR		FROM TO			
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED			
FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE											
8	UNIT NO. 2	NO OF OCCUPANTS		OPERATING	<input type="checkbox"/>	PARKED	<input type="checkbox"/>	DRIVERLESS HIT & RUN NON-CONTACT	<input checked="" type="checkbox"/>		
DRIVER, PEDESTRIAN NAME (LAST, FIRST, MI)		UNKNOWN		ADDRESS (NO, STREET, CITY, STATE, ZIP CODE)		INSURANCE CO OR AGENT					
PHONE NO		BIRTH DATE		AGE	SEX	SOCIAL SECURITY NO.		STATE	DRIVER'S LICENSE NO		
OWNER (IF SAME AS DRIVER, WRITE SAME)				ADDRESS				PHONE			
VEH YR		MAKE		MODEL		COLOR		STYLE			
LICENSE PLATE NO				TOWING SERVICE		VEH PED DIR		FROM TO			
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED			
FIRE <input type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE											
C	FROM UNIT NO	NAME (LAST, FIRST, MI)		BIRTH DATE		AGE	POSITION		INJURIES		
ADDRESS				PHONE		SEX	A B C D E F		A B C D E F		
D	FROM UNIT NO	NAME (LAST, FIRST, MI)		BIRTH DATE		AGE	A B C D E F		1 FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED		
ADDRESS				PHONE		SEX	A B C D E F		CONDITION		
E	FROM UNIT NO	NAME (LAST, FIRST, MI)		BIRTH DATE		AGE	A B C D E F		1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN		
ADDRESS				PHONE		SEX	A B C D E F		RESTRAINTS		
F	FROM UNIT NO	NAME (LAST, FIRST, MI)		BIRTH DATE		AGE	A B C D E F		ALCOHOL		
ADDRESS				PHONE		SEX	A B C D E F		A <input type="checkbox"/> YES B <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NO TESTED TESTED		
A	B	C	INJURED TAKEN TO		By		A B C D E F		1 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3 HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN		
D	E	F	INJURED TAKEN TO		By		A B C D E F		1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 6 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED		
A	B	C	OFFENSE CHARGED AND DESCRIPTION		ORC CITY ORD		EJECTION		DRUGS		
O	B	C	OFFENSE CHARGED AND DESCRIPTION		ORC CITY ORD		A B C D E F		A TESTED D TESTED <input type="checkbox"/> YES <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NO		
RECEIVED CALL		DISPATCHED		ARRIVED		CLEARED		OTHER TIME		TOTAL MINUTES	
1701		1702		1702		1702		10		12	
DATE REPORT FILED		PHOTOS		OFFICER'S NAME		BADGE NO.		CHECKED BY		1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLEGAL DRUG	
2/29/16		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		MORRIS		131					